



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

May 1, 2018

Timothy Brannan
1816 E. Clark Rd
Lansing, MI 48906

RE: Application #: AS190390268
Gunnisonville Meadows East
1816 E. Clark Rd
Lansing, MI 48906

Dear Mr. Brannan:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Barner".

Leslie Barner, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 256-2181

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS190390268
Licensee Name:	Timothy Brannan
Licensee Address:	1816 E. Clark Rd Lansing, MI 48906
Licensee Telephone #:	(517) 214-1880
Administrator:	Robin Richmond
Name of Facility:	Gunnisonville Meadows East
Facility Address:	1816 E. Clark Rd Lansing, MI 48906
Facility Telephone #:	(517) 214-1880
Application Date:	09/05/2017
Capacity:	6
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

08/07/2017	Inspection Completed-Env. Health : D See AF190387959
09/05/2017	On-Line Enrollment
09/06/2017	Contact - Document Sent Rule & Act booklets
09/06/2017	Application Incomplete Letter Sent App; rec cl for Tim (LD & Admin); ltr to close AF190387959
09/27/2017	Contact - Document Received App; rec cl for Tim (LD & Admin)
10/20/2017	Application Incomplete Letter Sent
03/06/2018	Inspection Completed-Env. Health : A
03/09/2018	Contact - Document Received Received copies of admission policy, budget, designated person appointment, discharge policy, floor plans, house rules, medical release, organizational chart, permission to inspect, proof of ownership, personal financial statement, program statement, standard/routine procedures, staffing pattern, statement of income, and TB test results for licensee and administrator
03/29/2018	Inspection Completed On-site
03/29/2018	Inspection Completed-BCAL Sub. Compliance
04/10/2018	Confirming letter sent
04/20/2018	Inspection Completed – BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a ranch style home with aluminum siding located in north Lansing near the small town of DeWitt, MI. The home is tastefully decorated in warm, comforting colors and fixtures. There is ample parking space in the driveway for visitors and employees. There is an enclosed outdoor porch with patio furniture where residents can safely enjoy the outdoors. The facility contains six individual resident bedrooms all located on the main floor of the home. Resident bedrooms are equipped with an emergency call alert system which can be activated when assistance is needed. There are also three large bathrooms, a spacious family room, a galley-style kitchen, dining area, sitting/television area, laundry room and medication room on the main floor of the home. The facility is wheelchair accessible and has two approved means of egress with ramps that terminate on solid ground. All doorways and hallways in the facility are of sufficient width to accommodate wheelchair users. The facility utilizes a private water supply and private sewage system. The Clinton County Environmental Health Department inspected the facility on 3/6/18 and the facility was found to be in substantial compliance with the rules.

The facility utilizes a natural gas heating system and the furnace and hot water heater are located in the basement, equipped with a 2-inch solid core door with positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system which was installed by a licensed electrician and is fully operational. Smoke detectors have been installed near sleeping areas, on each occupied floor of the home, and in the basement.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14' 4" X 11' 11"	171	1
2	11' 11" X 9' 0"	107	1
3	13' 0" X 12' 8"	165	1
4	13' 0" X 12' 8"	165	1
5	13' 0" X 12' 8"	165	1
6	13' 0" X 12' 8"	165	1

The indoor living and dining areas measure a total of 399 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to six male and female residents who are aged and/or those who have Alzheimer's disease or related conditions. The program will include social interaction, art and music activities, reading, and games that are of interest to residents. Salon services, manicures, and massage therapy are available at the applicant's separately licensed facility next door. Also available at the property next door are exercise opportunities on indoor "XFitness" Senior Sport Fitness equipment. The facility will have internet access so residents can use personal computers or iPads for email, games, and video chatting with loved ones. Public transportation is available for resident use. The applicant intends to accept referrals from Tri-County Office on Aging and/or residents with private sources for payment.

For residents diagnosed with Alzheimer's disease and/or dementia, the applicant plans to gather additional assessment information prior to admission to better understand how the individual's diagnosis of Alzheimer's/dementia impacts their daily living. By gathering this information, the applicant plans to create an individualized plan to provide care that best meets the needs of that individual. Additional information regarding this individual's specific interests will also be obtained to create activities that will be of interest to the individual and will continue to stimulate their cognitive abilities. The applicant plans to continually assess the individual and adjust the plan as needed. Staff members will complete specialized training for persons working with those who have a diagnosis of Alzheimer's/dementia developed by the Michigan Assisted Living Association as well as on the job training with more experienced staff members already trained in dementia care. Staff members will also receive ongoing training specifically related to Alzheimer's/dementia care each year. Physical plant protections include alarms at all exits, which will be activated 24 hours per day, an open floor plan that allows staff members to visually monitor residents within the home, and cameras located in all common areas of the home.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to reach out to local community resources such as public schools, community groups and churches and encourage these groups to bring their programs/education opportunities to the facility to enhance the quality of life of residents.

C. Applicant and Administrator Qualifications

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment and income from a separately licensed large group home.

Criminal history background checks of the applicant and administrator were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant and administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. The applicant, Timothy Brannan has five years of experience working directly with individuals diagnosed with Alzheimer's/dementia as the licensee designee for a separately licensed large group AFC home. Mr. Brannan has been responsible for providing administrative oversight to ensure the license is in good standing in addition to providing direct, hands-on care for residents with Alzheimer's/dementia as needed. Mr. Brannan has completed formal training in the areas of resident care, dementia care, medication administration, infection control, leadership, nutrition, person centered care, and ethical issues. Mr. Brannan is a certified cardiopulmonary and first aid instructor. Mr. Brannan has a Bachelor's degree in communication, a Master's degree in communication, and a Doctorate degree in education, all of which taught him valuable skills in working with people with varying needs. The administrator Robin Richmond has seven years of experience working directly with residents diagnosed with Alzheimer's/dementia as a caregiver and as an administrator. As a caregiver Ms. Richmond assisted residents directly with dressing, mobility, medication administration, personal hygiene, eating, and transportation. As an assistant administrator Ms. Richmond monitored the medical and nutritional needs of residents and oversaw the day to day operations of a large group home for residents who are aged or have a diagnosis of Alzheimer's/dementia.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff for six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular,

ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee will administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of, each resident’s admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident’s file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged that a separate Resident Funds Part II BCAL-2319 form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident’s personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of six (6).



04/26/18

Leslie Barner
Licensing Consultant

Date

Approved By:



05/01/2018

Dawn N. Timm
Area Manager

Date